

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>m. G</i>		6/14/00
O.I.P.E. CLASSIFIER		10	6-20-00
FORMALITY REVIEW	<i>NE</i>	553	8/1/00
RESPONSE FORMALITY REVIEW	<i>Ray</i>	546.7	8/14/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/9/03
2	✓	✓	9/12/04
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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If more than 150 claims or 10 actions  
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